Universiti Malaysia PAHANG
Engineering • Technology • Creativity

To be filled in 2 copies
☐ Applicant
☐ Lab. Copy

Form 2A

FACULTY OF CIVIL ENGINEERING TECHNOLOGY
APPLICATION FORM FOR LABORATORY/EQUIPMENT USAGE
Application, at least, must be submitted 7 working days before.

Name:							
ID No.			Faculty			HP No.	
Type of Applicant	Undergraduate		Postgraduate		Staff		Others	*(Please specify)*

Project Title / Description:		Estimated Date & Duration of Use :	
	(Please attach project drawing plan / procedure of experiment verified by Supervisor)		

Laboratory:		Location:		List of Consumables (To be acquired from laboratory): *(Use attachment if not enough space)*

Equipment: *(Use attachment if not enough space)*

Technical Support * (fill by PIC Lab)	Independent	Equipment Demo/Preparation	Specific Equipment/Experiment	Full Technical Support	Grant/Special Project

Please provide details *(e.g. Name of staff, grant number etc.)*

We hereby declare that we will properly use and comply all related regulation during the session and will be responsible for any damages or loss of the equipment.

Applicant
Signature : _____
Name : _____
Date : _____

Project Supervisor / Lecturer
Signature & Stamp : _____
Name : _____
Date : _____

Approval Checklist:

☐ Form completed and signed by supervisor.
☐ Project drawing plan /procedure of experiment attached. (If Required)
☐ Suitability of lab and equipment.
☐ Availability of lab and equipment.
☐ Applicant attended training and qualified to use the equipment.
☐ Technical and safety briefing delivered before use.
☐ Risk Assessment Form submitted.
☐ KEW.PA-9 (For Out Laboratory Usage)

  ☐ **Approve**
  ☐ **Not Approved**

_____
_____
_____

(Please state reason if not approved)

Signature and Stamp
PIC Lab.

Signature and Stamp
Head of Technical
(For Out Campus Usage)

Name: _____
Date: _____

Name: _____
Date: _____

Remarks:

_____
_____
_____
_____
_____

WORK COMPLETION CHECKLIST
☐ All equipment returned.
☐ Working area cleaned.
☐ Report of accident, equipment damage or loss (if any).
☐ _____

Return / Complete Date: _____

Signature and Stamp *(PIC Lab.)*

Name : _____
Date : _____

Note: Applicant must bring this form upon return